

QUARTERLY STATEMENT

AS OF June 30, 2013

OF THE CONDITION AND AFFAIRS OF THE

TOTAL HEALTH CARE, INC.

NAIC Group Code	1238 <small>(Current Period)</small>	1238 <small>(Prior Period)</small>	NAIC Company Code	95644	Employer's ID Number	38-2018957
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[X] No[ ] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	07/01/1973		Commenced Business	05/01/1976		
Statutory Home Office	3011 W. GRAND BLVD. SUITE 1600 <small>(Street and Number)</small>		DETROIT, MI, US 48202 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	3011 W. GRAND BLVD. SUITE 1600 <small>(Street and Number)</small>					
	DETROIT, MI, US 48202 <small>(City or Town, State, Country and Zip Code)</small>		(313)871-2000 <small>(Area Code) (Telephone Number)</small>			
Mail Address	3011 W. GRAND BLVD. SUITE 1600 <small>(Street and Number or P.O. Box)</small>		DETROIT, MI, US 48202 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	3011 W. GRAND BLVD. SUITE 1600 <small>(Street and Number)</small>					
	DETROIT, MI, US 48202 <small>(City or Town, State, Country and Zip Code)</small>		(313)871-2000 <small>(Area Code) (Telephone Number)</small>			
Internet Web Site Address	THCMI.COM					
Statutory Statement Contact	NICOLE ROUSH, CFO <small>(Name)</small>		(313)871-6402 <small>(Area Code)(Telephone Number)(Extension)</small>			
	NROUSH@THCMI.COM <small>(E-Mail Address)</small>		(313)871-4762 <small>(Fax Number)</small>			

OFFICERS

Name	Title
RANDY NAROWITZ	EXECUTIVE DIRECTOR
KATHLEEN THERESA KATHER	TREASURER
ROBYN JAMES ARRINGTON JR.,M.D.	MEDICAL DIRECTOR
DOUGLAS PAUL BAKER	CHAIRPERSON
RUBY OCTAVIA COLE	V-CHAIRPERSON/SECRETARY

OTHERS

DIRECTORS OR TRUSTEES

JEANETTE ABBOTT	DOUGLAS PAUL BAKER
RUBY OCTAVIA COLE	KATHLEEN THERESA KATHER
GERTRUDE HELEN MINKIEWICZ	ELIZABETH PRATCHER
LA-VENIA BROWN	

State of Michigan  
County of WAYNE ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
RANDY NAROWITZ	ROBYN JAMES ARRINGTON JR., M.D.	DOUGLAS PAUL BAKER
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
EXECUTIVE DIRECTOR	MEDICAL DIRECTOR	CHAIRPERSON
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[ ]
day of , 2013	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds .....	997,623		997,623	1,000,076
2.	Stocks:				
2.1	Preferred stocks .....				
2.2	Common stocks .....	15,397,126		15,397,126	15,456,906
3.	Mortgage loans on real estate:				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2	Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3	Properties held for sale (less \$.....0 encumbrances) .....				
5.	Cash (\$.....25,264,443), cash equivalents (\$.....0) and short-term investments (\$.....1,298,148) .....	26,562,591		26,562,591	31,365,976
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives .....				
8.	Other invested assets .....				
9.	Receivables for securities .....				
10.	Securities lending reinvested collateral assets .....				
11.	Aggregate write-ins for invested assets .....				
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	42,957,340		42,957,340	47,822,958
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	11,047		11,047	13,825
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	1,723,580		1,723,580	1,677,639
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3	Accrued retrospective premiums .....				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers .....				15,285
16.2	Funds held by or deposited with reinsured companies .....				
16.3	Other amounts receivable under reinsurance contracts .....				
17.	Amounts receivable relating to uninsured plans .....				
18.1	Current federal and foreign income tax recoverable and interest thereon .....				
18.2	Net deferred tax asset .....				
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....				
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....				
22.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....				
24.	Health care (\$.....1,603,948) and other amounts receivable .....	2,230,508	626,560	1,603,948	987,941
25.	Aggregate write-ins for other than invested assets .....	204,341	204,341		11,777
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	47,126,816	830,901	46,295,915	50,529,425
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	47,126,816	830,901	46,295,915	50,529,425
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page .....				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501.	Prepaid Expenses .....	204,341	204,341		
2502.	Other Receivables .....				11,777
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page .....				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	204,341	204,341		11,777

**LIABILITIES, CAPITAL AND SURPLUS**

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	21,102,036		21,102,036	19,113,242
2.	Accrued medical incentive pool and bonus amounts .....	899,123		899,123	682,224
3.	Unpaid claims adjustment expenses .....	474,688		474,688	429,950
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				
5.	Aggregate life policy reserves .....				
6.	Property/casualty unearned premium reserve .....				
7.	Aggregate health claim reserves .....				
8.	Premiums received in advance .....	27,206		27,206	17,154
9.	General expenses due or accrued .....	511,295		511,295	458,713
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
10.2	Net deferred tax liability .....				
11.	Ceded reinsurance premiums payable .....				
12.	Amounts withheld or retained for the account of others .....				
13.	Remittances and items not allocated .....				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....				253,558
16.	Derivatives .....				
17.	Payable for securities .....				
18.	Payable for securities lending .....				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20.	Reinsurance in unauthorized and certified (\$.....0) companies .....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
22.	Liability for amounts held under uninsured plans .....				
23.	Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24.	Total liabilities (Lines 1 to 23) .....	23,014,348		23,014,348	20,954,841
25.	Aggregate write-ins for special surplus funds .....	X X X	X X X		
26.	Common capital stock .....	X X X	X X X		
27.	Preferred capital stock .....	X X X	X X X		
28.	Gross paid in and contributed surplus .....	X X X	X X X		
29.	Surplus notes .....	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds .....	X X X	X X X		
31.	Unassigned funds (surplus) .....	X X X	X X X	23,281,567	29,574,584
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	23,281,567	29,574,584
34.	Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	46,295,915	50,529,425
DETAILS OF WRITE-INS					
2301.	.....				
2302.	.....				
2303.	.....				
2398.	Summary of remaining write-ins for Line 23 from overflow page .....				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months .....	X X X .....	351,249	320,956	662,602
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	112,438,808	95,457,590	200,316,605
3.	Change in unearned premium reserves and reserves for rate credits .....	X X X .....			
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....			
5.	Risk revenue .....	X X X .....			
6.	Aggregate write-ins for other health care related revenues .....	X X X .....			
7.	Aggregate write-ins for other non-health revenues .....	X X X .....			
8.	Total revenues (Lines 2 to 7) .....	X X X .....	112,438,808	95,457,590	200,316,605
<b>Hospital and Medical:</b>					
9.	Hospital/medical benefits .....		79,905,504	60,944,941	130,699,282
10.	Other professional services .....		3,269,372	2,645,289	5,603,146
11.	Outside referrals .....				
12.	Emergency room and out-of-area .....		11,904,740	9,887,035	20,950,699
13.	Prescription drugs .....		10,346,160	8,344,692	17,298,138
14.	Aggregate write-ins for other hospital and medical .....		485,371	449,131	945,264
15.	Incentive pool, withhold adjustments and bonus amounts .....		227,026	287,365	266,024
16.	Subtotal (Lines 9 to 15) .....		106,138,173	82,558,453	175,762,553
<b>Less:</b>					
17.	Net reinsurance recoveries .....		340,269	3,652	18,937
18.	Total hospital and medical (Lines 16 minus 17) .....		105,797,904	82,554,801	175,743,616
19.	Non-health claims (net) .....				
20.	Claims adjustment expenses, including \$.....0 cost containment expenses .....		228,665	188,918	393,709
21.	General administrative expenses .....		12,406,808	12,255,291	24,149,470
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....				
23.	Total underwriting deductions (Lines 18 through 22) .....		118,433,377	94,999,010	200,286,795
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	(5,994,569)	458,580	29,810
25.	Net investment income earned .....		19,076	36,151	64,579
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27.	Net investment gains or (losses) (Lines 25 plus 26) .....		19,076	36,151	64,579
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29.	Aggregate write-ins for other income or expenses .....				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X .....	(5,975,493)	494,731	94,389
31.	Federal and foreign income taxes incurred .....	X X X .....			
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	(5,975,493)	494,731	94,389
<b>DETAILS OF WRITE-INS</b>					
0601.	.....	X X X .....			
0602.	.....	X X X .....			
0603.	.....	X X X .....			
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....			
0701.	.....	X X X .....			
0702.	.....	X X X .....			
0703.	.....	X X X .....			
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....			
1401.	Other Expense .....				945,264
1402.	Child Adolescent Outreach .....		485,371	449,131	
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page .....				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....		485,371	449,131	945,264
2901.	.....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page .....				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>				
33.	Capital and surplus prior reporting year .....	29,574,584	29,181,670	29,181,670
34.	Net income or (loss) from Line 32 .....	(5,975,493)	494,731	94,389
35.	Change in valuation basis of aggregate policy and claim reserves .....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....	(59,780)	168,371	167,912
37.	Change in net unrealized foreign exchange capital gain or (loss) .....			
38.	Change in net deferred income tax .....			
39.	Change in nonadmitted assets .....	(257,744)	(132,562)	130,613
40.	Change in unauthorized and certified reinsurance .....			
41.	Change in treasury stock .....			
42.	Change in surplus notes .....			
43.	Cumulative effect of changes in accounting principles .....			
44.	Capital Changes:			
44.1	Paid in .....			
44.2	Transferred from surplus (Stock Dividend) .....			
44.3	Transferred to surplus .....			
45.	Surplus adjustments:			
45.1	Paid in .....			
45.2	Transferred to capital (Stock Dividend) .....			
45.3	Transferred from capital .....			
46.	Dividends to stockholders .....			
47.	Aggregate write-ins for gains or (losses) in surplus .....			
48.	Net change in capital and surplus (Lines 34 to 47) .....	(6,293,017)	530,540	392,914
49.	Capital and surplus end of reporting period (Line 33 plus 48) .....	23,281,567	29,712,210	29,574,584
<b>DETAILS OF WRITE-INS</b>				
4701.	.....	.....	.....	.....
4702.	.....	.....	.....	.....
4703.	.....	.....	.....	.....
4798.	Summary of remaining write-ins for Line 47 from overflow page .....	.....	.....	.....
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	.....	.....	.....

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance .....	112,403,394	95,747,688	199,604,950
2.	Net investment income .....	21,854	32,990	62,320
3.	Miscellaneous income .....	(739,145)	(455,167)	320,815
4.	TOTAL (Lines 1 to 3) .....	111,686,103	95,325,511	199,988,085
5.	Benefit and loss related payments .....	103,576,926	79,738,504	174,540,819
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	12,590,736	12,376,099	24,511,586
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			
10.	TOTAL (Lines 5 through 9) .....	116,167,662	92,114,603	199,052,405
11.	Net cash from operations (Line 4 minus Line 10) .....	(4,481,559)	3,210,908	935,680
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	248,943		
12.2	Stocks .....			
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....	2,510	(5,448)	(5,525)
12.7	Miscellaneous proceeds .....			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7) .....	251,453	(5,448)	(5,525)
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....	249,000		
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....			1
13.7	TOTAL investments acquired (Lines 13.1 to 13.6) .....	249,000		1
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	2,453	(5,448)	(5,526)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			
16.6	Other cash provided (applied) .....	(324,279)	411,723	1,243,948
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(324,279)	411,723	1,243,948
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(4,803,385)	3,617,183	2,174,102
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	31,365,976	29,191,874	29,191,874
19.2	End of period (Line 18 plus Line 19.1) .....	26,562,591	32,809,057	31,365,976

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
20.0002				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	59,566	76							59,490	
2. First Quarter .....	58,288	84						8	58,196	
3. Second Quarter .....	58,021	86						54	57,881	
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	351,249	502						93	350,654	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	181,584	439							181,145	
8. Non-Physician .....	75,288	174							75,114	
9. Total .....	256,872	613							256,259	
10. Hospital Patient Days Incurred .....	22,781	31						21	22,729	
11. Number of Inpatient Admissions .....	5,422	12						6	5,404	
12. Health Premiums Written (a) .....	112,786,425	216,827						93,212	112,476,386	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	112,786,425	216,827						93,212	112,476,386	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	103,592,210	237,144						52,596	103,302,470	
18. Amount Incurred for Provision of Health Care Services .....	106,138,173	242,855						58,663	105,836,655	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.93,212.

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Catalyst Rx .....	811,545					811,545
0199999 Individually Listed Claims Unpaid .....	811,545					811,545
0399999 Aggregate Accounts Not Individually Listed - Covered .....	9,944,299					9,944,299
0499999 Subtotals .....	10,755,844					10,755,844
0599999 Unreported claims and other claim reserves .....						10,346,192
0799999 Total Claims Unpaid .....						21,102,036
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						899,123



**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical) .....	69,168	168,635	1,082	29,077	70,250	24,894
2.	Medicare Supplement .....						
3.	Dental only .....						
4.	Vision only .....						
5.	Federal Employees Health Benefits Plan .....						
6.	Title XVIII - Medicare .....		53,076		5,587		
7.	Title XIX - Medicaid .....	21,087,662	82,203,542	829,921	20,236,369	21,917,583	19,088,348
8.	Other health .....						
9.	Health subtotal (Lines 1 to 8) .....	21,156,830	82,425,253	831,003	20,271,033	21,987,833	19,113,242
10.	Healthcare receivables (a) .....						
11.	Other non-health .....						
12.	Medical incentive pools and bonus amounts .....	444,891	(434,764)	243,461	655,662	688,352	682,224
13.	Totals (Lines 9 - 10 + 11 + 12) .....	21,601,721	81,990,489	1,074,464	20,926,695	22,676,185	19,795,466

(a) Excludes \$.00 loans or advances to providers not yet expensed.

**Notes to Financial Statement**

**1. Nature of Business and Summary of Significant Accounting Policies**

Total Health Care, Inc. (the "Company"), a not-for-profit corporation, operates as a state-licensed health maintenance organization (HMO). The Company provides medical services to persons primarily in southeastern Michigan who subscribe as recipients of federal and state health benefits or as individuals.

Total Health Care, Inc., and its wholly owned subsidiaries, Total Health Choice, Inc. and Total Health Care USA, Inc., have common officers on their respective governing boards.

**a. Accounting Practices**

The accompanying financial statements of Total Health Care, Inc. (the "Company" or "THC") have been prepared in conformity with statutory accounting practices prescribed or permitted by Section 1007 of the Michigan statutes of the state of Michigan for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Michigan Insurance law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Michigan.

Statutory accounting principles differ from generally accepted accounting principles (GAAP) in their definition of assets and liabilities. Specifically, certain assets (such as intangible assets and receivables greater than 90 days) are excluded from the statutory-basis balance sheet. GAAP net assets exceed statutory net assets by approximately \$830,900 and \$573,200 at June 30, 2013 and December 31, 2012, respectively. There are no significant differences between statutory accounting principles prescribed by NAIC and the State of Michigan accounting requirements that are applicable to the Company.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Michigan is shown below:

	<u>2013</u>	<u>2012</u>
(1) Net Income Michigan state basis	(5,975,493)	94,389
(2) State Prescribed Practices (Income):	-	-
(3) State Permitted Practices (Income):	-	-
(4) Net Income, NAIC SAP	(5,975,493)	94,389
(5) Statutory Surplus Michigan basis	23,281,567	29,574,584
(6) State Prescribed Practices (Surplus):	-	-
(7) State Permitted Practices (Surplus):	-	-
(8) Statutory Surplus, NAIC SAP	23,281,567	29,574,584

**b. Use of Estimates in the Preparation of the Financial Statements.**

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

Certain significant estimates exist relating to unpaid claims. It is at least reasonably possible that these estimates will be materially revised in the near term.

**c. Accounting Policy**

**Cash and Short-term Investments** - The Company considers all highly liquid investments purchased with an original maturity of three months or less when purchased to be cash equivalents. Certificates of deposit in banks or other similar financial institutions with maturity dates of one year or less from the acquisition date are considered cash under statutory accounting principles. Short-term investments are stated at amortized cost.

**Investments** – The Company uses the following accounting policies:

(1) Short-term investments and long-term certificates of deposit are recorded at amortized cost, which approximates fair market value. Long-term certificates of deposit are classified as bonds on the balance sheet per statutory guidance. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in net investment income on the statement of

## Notes to Financial Statement

operations. Changes in unrealized gains and losses on investments are included as a direct adjustment to capital and surplus.

(2) Bonds not backed by other loans are stated at amortized cost using the interest method.

(3) The Company had no common stocks except items noted in (7) below.

(4) The Company had no preferred stocks.

(5) The Company had no mortgage loans.

(6) The Company had no loan-backed securities.

(7) The Company had investments in health care subsidiaries which are reported at the statutory net worth value of the subsidiary under the equity method and are reported as common stocks on the balance sheet.

(8) The Company had no joint ventures of limited partnerships.

(9) The Company had no derivatives.

(10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.

**Unpaid Losses and Loss Adjustment Expenses** – The Company includes amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumption and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

**Capitalization** - The Company's capitalization policy has not changed.

**Pharmaceutical Rebate Receivables** – The Company estimates pharmaceutical rebate receivables based prior period actual receipts.

**Revenue Recognition and Accounts Receivable** – Capitation revenue and subscriber premiums are recognized in the period that members are entitled to related health care services. A portion of the health care receivable is due from third-party payors for subscribers located within southeastern Michigan. No allowance for doubtful accounts is recorded at June 30, 2013 and December 31, 2012, respectively. Receivables greater than 90 days old are treated as non-admitted for statutory accounting purposes. Approximately \$627,000 and \$492,000 of receivables greater than 90 days old were non-admitted at June 30, 2013 and December 31, 2012, respectively.

**Recognition of Medical and Hospital Expenses** - Medical and hospital expenses and the related liabilities are recorded when eligible medical and hospital services are authorized or performed. Claims unpaid represent management's estimate of the ultimate cost to settle all claims incurred prior to year-end. Capitation retained for the settlement of risk-sharing is included in the accrued medical incentive pool liability at June 30, 2013 and December 31, 2012, respectively.

**Physician Group Contracts** - The Company contracts with physician groups for the provision of medical care and compensates the groups on a capitation basis. These contracts have a specialty claims incentive and pay-for-performance incentive. If the providers meet the incentives, they share in the savings and a payable is recorded. If the providers do not meet the incentives, they share in the excess costs and a health care receivable is recorded if deemed collectible by management. During 2013 and 2012, health care receivables and payables have been recorded from/to providers.

**Hospital Group Contracts** - The Company contracts with several hospitals and other groups. These contracts are paid under capitated fees or various other charge arrangements.

**Malpractice Claims** - The Company has a claims-made policy for malpractice insurance. The Company's policy is to accrue for estimated costs of claims and incidents during the term of the claims-made policy.

## **Notes to Financial Statement**

**Employee Staffing and Purchased Services Agreement** - The Company has an employee staffing and purchased services agreement with a limited liability company, which is responsible for payment of most of the management, operational, and administrative expenses. Ultimate operational control rests with the board of directors of Total Health Care, Inc.

**Income Taxes** - Total Health Care, Inc. has received federal income tax exemption under Internal Revenue Code Section 501(c)(4). The Company is also exempt from state and local income taxes.

**Funds Maintained Under Statutory Requirements** - The Company maintains segregated funds under statutory requirements to protect members and health care providers in the event the Company is unable to meet its contractual obligations. These funds can be used only at the direction of the insurance commissioner in accordance with statutory and contractual provisions. These funds are classified according to the nature of the investment. At June 30, 2013 and December 31, 2012, \$1,008,770 and \$1,006,078, respectively were held in long-term certificates of deposit and money market funds to fulfill these requirements. Interest earned on these funds can be utilized by the Company.

### **2. Accounting Changes and Corrections of Errors**

None

### **3. Business Combinations and Goodwill**

**a. Statutory Purchase Method-** None

**b. Statutory Merger** - None

**c. Assumption Reinsurance** – None

**d. Impairment Loss** – None

### **4. Discontinued Operations**

None

### **5. Investments**

a. Mortgage Loans, including Mezzanine Real Estate Loans – None

b. Debt Restructuring – None

c. Reverse Mortgages – None

d. Loan-Backed Securities – None

e. Repurchase Agreements and/or Securities Lending Transactions – None

f. Real Estate – None

g. Low-income housing tax credits (LIHTC) – None

### **6. Joint Ventures, Partnerships and Limited Liability Companies**

A. The Company does not have any Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of the admitted assets.

B. The Company does not have any impaired investment in Joint Ventures, Partnerships or Limited Liability Companies.

### **7. Investment Income**

a. All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.

b. The Company had no investment income due and accrued excluded from surplus.

## Notes to Financial Statement

### 8. Derivative Instruments

None

### 9. Income Taxes

None

### 10. Information Concerning Parent, Subsidiaries and Affiliates

#### a, b, & c

The Company owns 100 percent of two subsidiaries: Total Health Care USA, Inc. and Total Health Choice, Inc., whose carrying values are equal to or exceed 10% of the total admitted assets of the company. The Company carries Total Health Care USA, Inc. and Total Health Choice, Inc. at the statutory net worth value of the subsidiary under the equity method and are reported as common stocks on the balance sheet.

Total Health Care, Inc. is the sole corporate member of Total Health Choice, Inc., a Florida not for profit corporation ("Total Health Choice"). During 2012, Total Health Choice was licensed as a health maintenance organization under the Florida Health Maintenance Organization Act. As a result of financial difficulties and its withdrawal from all markets, Total Health Choice was subject to a Consent Order that suspended its Certificate of Authority until the Florida Office of Insurance Regulation ("OIR") determined that all claim liabilities of Total Health Choice have been satisfied. In connection with the filing of its 2012 Annual Statement, Total Health Choice provided evidence to OIR that all claim liabilities have been paid and requested OIR to accept the surrender of its Certificate of Authority. On April 25, 2013, OIR issued a Consent Order accepting the relinquishment Total Health Choice's Certificate of Authority. Total Health Choice has no further obligations under this Consent Order.

Total Health Care USA, Inc. has a statutory statement value of \$15,397,126 and \$15,456,906 at June 30, 2013 and December 31, 2012, respectively. The value of investments in Total Health Care USA, Inc. has been reduced by non-admitted assets totaling \$821,163 and \$744,586 at June 30, 2013 and December 31, 2012, respectively. The value of investments in Total Health Choice, Inc. has been reduced by non-admitted assets totaling \$0 and \$0 at June 30, 2012 and December 31, 2012, respectively.

Total Health Care USA, Inc.'s (Total USA) net income was \$16,797 and \$170,069 at June 30, 2013 and December 31, 2012, respectively, and therefore the company's investment in Total USA increased by the same amount less the change in non-admitted assets of \$76,577 in 2013 and \$2,157 in 2012.

**d. Amounts Due from or (to) Related Parties** – At June 30, 2013 and December 31, 2012, the Company had amounts due from (to) subsidiaries of \$0 and \$(253,558), respectively, resulting from costs paid by the Company on behalf of subsidiaries for operating expenses.

**e. Guarantees** – The Company has no guarantees with any companies within its holding company structure.

**f. Material management contracts** – The Company has an employee, office space, and equipment leasing agreement with Total Health Care USA, Inc. (USA). The agreement calls for the Company to provide personnel, office space, and supplies necessary to USA in order for USA to carry out its HMO business operations. The agreement calls for USA to pay the Company 14 percent of USA's gross revenue from the second preceding month after certain deductions. During 2013 and 2012, the proceeds from this arrangement totaled \$7,082,351 and \$12,917,041, respectively.

**g. Common Control** - Total Health Care, Inc., and its wholly owned subsidiaries, Total Health Choice, Inc. and Total Health Care USA, Inc., have common officers on their respective governing boards. Total Health Care, Inc., the Parent Company, is domiciled in the State of Michigan.

**h. Deductions in Value** - There have been no deductions in value between affiliated companies.

**i. SCA that exceed 10% of Admitted Assets** - None

**j. Impaired SCAs** - The Company did not recognize any impairment write down for its investments in Subsidiary, Controlled, or Affiliated Companies during the statement period.

**k. Foreign Subsidiary** - None

## **Notes to Financial Statement**

### **I. Downstream Noninsurance Holding Company - None**

#### **11. Debt**

None

#### **12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and other Postretirement Benefit Plans.**

- a. Defined Benefit Plan – None
- b. Defined Contribution Plans – None.
- c. Multi-Employer Plan – None
- d. Consolidated/Holding Company Plans – None
- e. Post-Employment Benefits and Compensated Absences – None
- f. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

#### **13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

- 1) The Company has issued no capital stock.
- 2) The Company has no preferred stock outstanding.
- (3) Dividends are paid as determined by the Board of Directors with the approval of the Commissioner of the State of Michigan Office of Insurance Regulation, as long as the Company meets or exceeds minimum surplus requirements.
- (4) During 2013 the Company did not pay dividends.
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being paid.
- (7) The Company has no advances to surplus not repaid.
- (8) The Company held no stock.
- (9) There were no changes to the balances of any special surplus funds from the prior year.
- (10) The portion of unassigned funds (surplus) represented or increased (decreased) by unrealized gains (losses) is (\$59,780) and \$167,912 at June 30, 2013 and December 31, 2012, respectively. The portion of unassigned funds (surplus) represented by the change in non-admitted asset value is \$(257,744) and \$130,613 at June 30, 2013 and December 31, 2012, respectively.
- (11) The Company did not issue any surplus debentures or similar obligations.
- (12) and (13) There have been no quasi-reorganizations.

#### **14. Contingencies**

Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation and other matters are not considered material in relation to the financial position of the Company. No amounts have been accrued for losses as no losses are deemed probable or estimable. Estimated losses for claims-related matters are accrued as claims unpaid.

- a. Contingent Commitments – None
- b. Assessments – None

**Notes to Financial Statement**

- c. Gain Contingencies – None
- d. Claims related extra contractual obligations and bad faith losses stemming from lawsuits – None
- e. All Other Contingencies – None

**15. Leases**

A. Lessee Operating Lease

- (1) The Company leases office space and computer software services under various non-cancelable operating lease agreements that expire through December 2016. Rent payments are the responsibility of the management company and are included in the monthly payment under the employee staffing and purchased services agreement. Rent expense for 2013 and 2012 was approximately \$445,083 and \$871,978, respectively.
- (2) The future minimum rental payments under the operating lease as of June 30, 2013 are as follows:

2013	\$ 449,218
2014	929,486
2015	844,428
2016	73,301
2017	-
Total	<u>\$ 2,296,433</u>

- (3) The company is not involved in any material sales – leaseback transactions.

B. Lessor Leases

None

**16. Information about Financial Instruments with off-balance sheet risk and financial instruments with concentrations of credit risk.**

None

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities.**

- a. Transfers of Receivables reported as Sales – None
- b. Transfer and Servicing of Financial Assets – None
- c. Wash Sales – None

**18. Gain or Loss to the Reporting Entity from Uninsured A & H Plans and the Uninsured Portion of Partially Insured Plans.**

- a. ASO Plans – None
- b. ASC Plans – None.
- c. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.**

None

**20. Fair Value Measurements**

**Notes to Financial Statement**

The following table presents information about the Company’s assets and liabilities measured at fair value at June 30, 2013, and the valuation techniques used by the Company to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Company has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based in the lowest level input that is significant to the valuation. The Company’s assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

**A. (1) Fair Value Measurements at Reporting Date**

	Level 1	Level 2	Level 3	Total
Assets at fair value - June 30, 2013				
Cash	\$ 16,992,840	\$ -	\$ -	\$ 16,992,840
Money Market Funds - Industrial and misc.	1,298,148	-	-	1,298,148
Bonds:				
Certificates of deposit	-	748,205	-	748,205
Corporate bonds	<u>-</u>	<u>249,418</u>	<u>-</u>	<u>249,418</u>
Total bonds	<u>-</u>	<u>997,623</u>	<u>-</u>	<u>997,623</u>
Short-term investments - Certificates of deposit	<u>-</u>	<u>8,271,602</u>	<u>-</u>	<u>8,271,602</u>
Total assets at fair value	<u>\$ 18,290,989</u>	<u>\$ 9,269,226</u>	<u>\$ -</u>	<u>\$ 27,560,214</u>
	Level 1	Level 2	Level 3	Total
Assets at fair value - December 31, 2012				
Cash	\$ 17,817,367	\$ -	\$ -	\$ 17,817,367
Money Market Funds - Industrial and misc.	3,836,439	-	-	3,836,439
Bonds:				
Certificates of deposit	-	750,120	-	750,120
Corporate bonds	<u>-</u>	<u>249,956</u>	<u>-</u>	<u>249,956</u>
Total bonds	<u>-</u>	<u>1,000,076</u>	<u>-</u>	<u>1,000,076</u>
Short-term investments - Certificates of deposit	<u>-</u>	<u>9,712,169</u>	<u>-</u>	<u>9,712,169</u>
Total assets at fair value	<u>\$ 21,653,806</u>	<u>\$ 10,712,245</u>	<u>\$ -</u>	<u>\$ 32,366,051</u>

**(2) Fair Value Measurements in (Level 3) of the Fair Value - None**

(3) The Company’s policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) The Company has not valued any securities at a Level 3.

(5) Derivative assets and liabilities- None

**21. Other Items**

a. Extraordinary Items – None



**Notes to Financial Statement**

- b. Troubled Debt Restructuring – None
- c. Other Disclosures – At June 30, 2013 and December 31, 2012, the Company had admitted assets of \$3,327,528 and \$2,665,580, respectively, in accounts receivable for amounts due from subscribers, governmental entities, and other health care providers. During 2013 and 2012, the Company routinely assessed the collectability of these receivables and directly wrote off any uncollectible receivables accordingly. Receivables not expected to be collected within 90 days were considered non-admitted.
- d. There are no balances of assets covered by SSAP No. 6, Uncollected Premium Balances, Bills Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.
- e. Business Interruption Insurance Recoveries - None
- f. State Transferable Tax Credits - None
- g. Subprime Related Risk Exposure – None The Companies wholly-owned subsidiaries have no activity related to subprime related risk exposure.
- h. Retained Assets - None

**22. Events Subsequent**

Type I. – Recognized Subsequent Events – No Change

Subsequent events have been considered through 02/20/2013 for the statutory statement issued on December 31, 2012.

None

Type II. – Non-recognized Subsequent Events – No Change

Subsequent events have been considered through 02/20/2013 for the statutory statement issued on December 31, 2012.

None.

**23. Reinsurance**

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( )                      No ( x )

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( )                      No ( x )

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes ( )                      No ( x )

a. Not Applicable

**Notes to Financial Statement**

b. The Company had reinsurance recoverable receivables of \$0 and \$15,285 recorded at June 30, 2013 and December 31, 2012, respectively. The estimated reduction in surplus is zero.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( )                      No ( x )

**Section 3 – Ceded Reinsurance Report – Part B**

(1) The estimated reduction in surplus is zero.

(2) The Company has renewed an agreement with Star Line Group effective November 1, 2012. The reinsurance policy provides the same coverage's on an annual per member basis after a \$220,000 (Medicaid non-CSHCS and Dual eligible) to \$300,000 (Medicaid CSHCS and Commercial Individual) deductible is reached. The maximum lifetime reinsurance indemnity payable under each agreement is \$2,000,000 per member. The reinsurance policy also provides for a supplemental corridor adjustment to reinsurance recoverable applied with the lower of: 1) 50% of reinsurance premiums paid, or 2) the amount by which reinsurance recoverable exceed 50% of the reinsurance premiums paid.

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

**24. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

A. The Company estimates accrued retrospective premium adjustments for its group health insurance business through a mathematical approach using an algorithm of the company's underwriting rules and experience rating practices.

B. The Company records accrued retrospective premium as an adjustment to earned premium.

C. The amount of net premiums written by the Company at June 30, 2013 that are subject to retrospective rating features was \$216,827 that represented less than 1% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. At June 30, 2013, the Company had no medical loss ratio rebates required pursuant to the Public Health Service Act.

**25. Change in Incurred Claims and Claims Adjustment Expenses**

Reserves as of December 31, 2012 were \$20,225,416. As of June 30, 2013, \$21,601,720 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$831,003 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive Medical lines of business. Therefore, there has been a (\$2,207,307) unfavorable prior-year development since December 31, 2012 to June 30, 2013. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Reserves as of December 31, 2011 were \$18,975,741. As of December 31, 2012, \$14,944,874 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$53,548 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive Medical lines of business. Therefore, there has been a \$3,977,319 favorable prior-year development since December 31, 2011 to December 31, 2012. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

**26. Intercompany Pooling Arrangements**

None

**27. Structured Settlements**

None

**Notes to Financial Statement**

**28. Health Care Receivables**

The Company reports risk-sharing receivables and payables related to global capitation and specialty claims arrangements based upon the terms of its contracts.

No Change.

**29. Participating Policies**

None

**30. Premium Deficiency Reserves – No Change**

- |   |   |
|---|---|
| 1. Liability carried for premium deficiency reserves    | \$0   |
| 2. Date of the most recent evaluation of this liability | 02/20/2013  |
| 3. Was anticipated investment income utilized?          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**31. Anticipated Salvage and Subrogation**

Loss reserves have not been reduced for any salvage or subrogation. During 2013 and 2012, the Company received subrogation totaling \$58,061 and \$92,469, respectively.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[ ] No[ ] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[ ] No[X]
- 2.2 If yes, date of change:
- 3.1 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[ ] No[X]
- 3.2 If the response to 3.1 is yes, provide a brief description of those changes:
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2009
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2009
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

04/25/2011
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[X] No[ ] N/A[ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[ ] N/A[ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[ ] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
N/A		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes[X] No[ ]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[ ] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$ 0
13. Amount of real estate and mortgages held in short-term investments:

\$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[ ]
- 14.2 If yes, please complete the following:

**GENERAL INTERROGATORIES (Continued)**

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21	Bonds .....		
14.22	Preferred Stock .....		
14.23	Common Stock .....	15,456,906	15,397,126
14.24	Short-Term Investments .....		
14.25	Mortgages Loans on Real Estate .....		
14.26	All Other .....		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	15,456,906	15,397,126
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[ ] No[X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[ ] No[ ] N/A[X]
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ ..... 0

16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ ..... 0

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0
17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
COMERICA BANK - LYNN HUTZEL-UISEL .....	P.O. BOX 75000, DETROIT, MI 48275-3462 .....
.....	.....

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
N/A .....	.....	.....

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[ ] No[X]
- 17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....	.....	.....	.....

- 17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address
N/A .....	.....	.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[ ] No[X]
- 18.2 If no, list exceptions:

NOT REQUIRED BY STATE OF DOMICILE

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:	
1.1 A&H loss percent	94.310%
1.2 A&H cost containment percent	0.200%
1.3 A&H expense percent excluding cost containment expenses	11.000%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
<b>Accident and Health - Non-affiliates</b>						
60739 .....	74-0484030 .....	..... 11/01/2012 .....	AMERICAN NATL INS CO .....	TX .....	..... SSL/L/I .....	..... Yes[X] No[ ] .....

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

**Current Year to Date - Allocated by States and Territories**

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL) .....	N								
2.	Alaska (AK) .....	N								
3.	Arizona (AZ) .....	N								
4.	Arkansas (AR) .....	N								
5.	California (CA) .....	N								
6.	Colorado (CO) .....	N								
7.	Connecticut (CT) .....	N								
8.	Delaware (DE) .....	N								
9.	District of Columbia (DC) .....	N								
10.	Florida (FL) .....	N								
11.	Georgia (GA) .....	N								
12.	Hawaii (HI) .....	N								
13.	Idaho (ID) .....	N								
14.	Illinois (IL) .....	N								
15.	Indiana (IN) .....	N								
16.	Iowa (IA) .....	N								
17.	Kansas (KS) .....	N								
18.	Kentucky (KY) .....	N								
19.	Louisiana (LA) .....	N								
20.	Maine (ME) .....	N								
21.	Maryland (MD) .....	N								
22.	Massachusetts (MA) .....	N								
23.	Michigan (MI) .....	L	215,671	93,212	112,129,925				112,438,808	
24.	Minnesota (MN) .....	N								
25.	Mississippi (MS) .....	N								
26.	Missouri (MO) .....	N								
27.	Montana (MT) .....	N								
28.	Nebraska (NE) .....	N								
29.	Nevada (NV) .....	N								
30.	New Hampshire (NH) .....	N								
31.	New Jersey (NJ) .....	N								
32.	New Mexico (NM) .....	N								
33.	New York (NY) .....	N								
34.	North Carolina (NC) .....	N								
35.	North Dakota (ND) .....	N								
36.	Ohio (OH) .....	N								
37.	Oklahoma (OK) .....	N								
38.	Oregon (OR) .....	N								
39.	Pennsylvania (PA) .....	N								
40.	Rhode Island (RI) .....	N								
41.	South Carolina (SC) .....	N								
42.	South Dakota (SD) .....	N								
43.	Tennessee (TN) .....	N								
44.	Texas (TX) .....	N								
45.	Utah (UT) .....	N								
46.	Vermont (VT) .....	N								
47.	Virginia (VA) .....	N								
48.	Washington (WA) .....	N								
49.	West Virginia (WV) .....	N								
50.	Wisconsin (WI) .....	N								
51.	Wyoming (WY) .....	N								
52.	American Samoa (AS) .....	N								
53.	Guam (GU) .....	N								
54.	Puerto Rico (PR) .....	N								
55.	U.S. Virgin Islands (VI) .....	N								
56.	Northern Mariana Islands (MP) .....	N								
57.	Canada (CAN) .....	N								
58.	Aggregate other alien (OT) .....	X X X								
59.	Subtotal .....	X X X	215,671	93,212	112,129,925				112,438,808	
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X								
61.	Total (Direct Business) .....	(a)..... 1	215,671	93,212	112,129,925				112,438,808	
DETAILS OF WRITE-INS										
5801.	.....	X X X								
5802.	.....	X X X								
5803.	.....	X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page .....	X X X								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) .....	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.



**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**  
**MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

TOTAL HEALTH CARE, INC. – PARENT  
38-2018957, NAIC #95644, STATE OF MICHIGAN

TOTAL HEALTH CARE USA, INC. – WHOLLY OWNED SUBSIDIARY OF TOTAL HEALTH CARE, INC.  
383240485, NAIC #12326, STATE OF MICHIGAN

TOTAL HEALTH CHOICE, INC. – WHOLLY OWNED SUBSIDIARY OF TOTAL HEALTH CARE, INC.  
33-0603319, NAIC #95134, STATE OF FLORIDA

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp-any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
1238 ..	TOTAL HEALTH GROUP .....	95644	38-2018957 ..	.....	.....	.....	TOTAL HEALTH CARE INC	.. MI ..	.....	.....	.....	.....	.....	.....
1238 ..	TOTAL HEALTH GROUP .....	95134	33-0603319 ..	.....	.....	.....	TOTAL HEALTH CHOICE INC .....	.. FL ..	... DS ..	TOTAL HEALTH CARE INC ...	Ownership .....	..... 100.0	TOTAL HEALTH CARE INC	.....
1238 ..	TOTAL HEALTH GROUP .....	12326	38-3240485 ..	.....	.....	.....	TOTAL HEALTH CARE USA INC .....	.. MI ..	... DS ..	TOTAL HEALTH CARE INC ...	Ownership .....	..... 100.0	TOTAL HEALTH CARE INC	.....

Asterisk	Explanation
0000001	.....

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
0604. ....	X X X .....	.....	.....	.....
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	X X X .....	.....	.....	.....
1404. ....	.....	.....	.....	.....
1405. ....	.....	.....	.....	.....
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496) .....	.....	.....	.....	.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
4704. ....	.....	.....	.....
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....	.....	.....	.....

STATEMENT AS OF **June 30, 2013** OF THE **TOTAL HEALTH CARE, INC.**

SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired .....		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8 ) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired: .....		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest points .....		
9. Total foreign exchange change in book value/recorded investment .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired: .....		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	16,456,982	16,283,544
2. Cost of bonds and stocks acquired .....	249,000	
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....	(62,290)	173,438
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....	248,943	
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	16,394,749	16,456,982
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	16,394,749	16,456,982

**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by Rating Class**

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a) .....	5,842,928	2,451,058	5,996,944	(1,270)	5,842,928	2,295,772		4,836,516
2. Class 2 (a) .....								
3. Class 3 (a) .....								
4. Class 4 (a) .....								
5. Class 5 (a) .....								
6. Class 6 (a) .....								
7. Total Bonds .....	5,842,928	2,451,058	5,996,944	(1,270)	5,842,928	2,295,772		4,836,516
<b>PREFERRED STOCK</b>								
8. Class 1 .....								
9. Class 2 .....								
10. Class 3 .....								
11. Class 4 .....								
12. Class 5 .....								
13. Class 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	5,842,928	2,451,058	5,996,944	(1,270)	5,842,928	2,295,772		4,836,516

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

**SCHEDULE DA - PART 1**

**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2  Par Value	3  Actual Cost	4  Interest Collected Year To Date	5  Paid for Accrued Interest Year To Date
9199999. Totals .....	1,298,148	X X X	1,298,148	2,142	

**SCHEDULE DA - Verification**

**Short-Term Investments**

		1  Year To Date	2  Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	3,836,440	5,732,581
2.	Cost of short-term investments acquired .....	5,009,712	8,081,895
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....	7,548,004	9,978,036
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other than temporary impairment recognized ....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	1,298,148	3,836,440
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	1,298,148	3,836,440

<b>SI04</b>	<b>Schedule DB - Part A Verification</b> .....	<b>NONE</b>
-------------	--	-------------

<b>SI04</b>	<b>Schedule DB - Part B Verification</b>	<b>NONE</b>
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<b>SI05</b>	<b>Schedule DB Part C Section 1 .....</b>	<b>NONE</b>
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<b>SI06</b>	<b>Schedule DB Part C Section 2 .....</b>	<b>NONE</b>
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<b>SI07</b>	<b>Schedule DB - Verification</b>	<b>NONE</b>
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**SI08 Schedule E - Verification (Cash Equivalents) ..... NONE**



**E01      Schedule A Part 2 ..... NONE**

**E01      Schedule A Part 3 ..... NONE**

**E02      Schedule B Part 2 ..... NONE**

**E02      Schedule B Part 3 ..... NONE**

**E03      Schedule BA Part 2 ..... NONE**

**E03      Schedule BA Part 3 ..... NONE**

**E04      Schedule D Part 3 ..... NONE**

**SCHEDULE D - PART 4**  
**Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of**  
**During the Current Quarter**

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
72663QYD5	PLAINS CAPITAL BK LUBBOCK TX 30%		05/17/2013	PLAINS CAPITAL	X X X	248,943	249,000	249,000		(57)			(57)		248,943		(57)	(57)	244	01/17/2014	1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	248,943	249,000	249,000		(57)			(57)		248,943		(57)	(57)	244	X X X	X X X
8399997 Subtotal - Bonds - Part 4					X X X	248,943	249,000	249,000		(57)			(57)		248,943		(57)	(57)	244	X X X	X X X
8399999 Subtotal - Bonds					X X X	248,943	249,000	249,000		(57)			(57)		248,943		(57)	(57)	244	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X												X X X	X X X	
9999999 Total - Bonds, Preferred and Common Stocks					X X X	248,943	X X X	249,000		(57)			(57)		248,943		(57)	(57)	244	X X X	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

**E06      Schedule DB Part A Section 1 ..... NONE**

**E07      Schedule DB Part B Section 1 ..... NONE**

**E08      Schedule DB Part D Section 1 ..... NONE**

**E09      Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity ..... NONE**

**E09      Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity ..... NONE**

**E10      Schedule DL - Part 1 - Securities Lending Collateral Assets ..... NONE**

**E11      Schedule DL - Part 2 - Securities Lending Collateral Assets ..... NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances									
1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
				Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
Depository		Code	Rate of Interest			First Month	Second Month	Third Month	*
open depositories									
Comerica Bank .....	COMERICA, DETROIT, MI .....		0.040	1,448	242	14,327,371	13,203,360	16,992,840	X X X
Marlin Business Bk Salt Lake .25% .....	COMERICA, DETROIT, MI .....	04/23/2012	0.250	623					X X X
Beal BK Las Vegas Nev .35% .....	COMERICA, DETROIT, MI .....	07/16/2012	0.350	513					X X X
Mizuho Corporate BK USA Instl .30% .....	COMERICA, DETROIT, MI .....	04/25/2012	0.300	747					X X X
PrivateBank & TC Chicago Il .30% .....	COMERICA, DETROIT, MI .....	04/25/2012	0.300	747					X X X
Hancock Bk Gulfport MS .40% .....	COMERICA, DETROIT, MI .....	11/02/2012	0.400	494		249,000			X X X
Banco Bilbao Vizcaya .50% .....	COMERICA, DETROIT, MI .....	05/30/2012	0.500	310		249,017			X X X
State Bk India New York N Y .50% .....	COMERICA, DETROIT, MI .....	05/30/2012	0.500	1,245		249,017			X X X
Plainscapital Bk Lubbock TX .25% .....	COMERICA, DETROIT, MI .....	09/11/2012	0.250	466		248,958	248,990		X X X
Franklin Sec Bk Plains PA .30% .....	COMERICA, DETROIT, MI .....	09/24/2012	0.300	559		248,963	248,985		X X X
Bank of Baroda New York .45% .....	COMERICA, DETROIT, MI .....	07/20/2012	0.450		1,062	249,025	249,015	248,995	X X X
Cedar Rapids Bk&TR Iowa .25% .....	COMERICA, DETROIT, MI .....	07/23/2012	0.250	157	14	248,918	248,950	248,965	X X X
Hardin Cnty Bk Savannah Tenn .25% .....	COMERICA, DETROIT, MI .....	07/26/2012	0.250	157	9	249,012	249,007	248,988	X X X
Flushing Svgs BK N Y .40% .....	COMERICA, DETROIT, MI .....	07/30/2012	0.400	251	44	249,000	249,000	248,983	X X X
Citizens St BK Okemah Okla .35% .....	COMERICA, DETROIT, MI .....	07/30/2012	0.350	220	2	249,030	249,020	248,990	X X X
IroquoisFed Svgs & Ln Assn Wats .25% .....	COMERICA, DETROIT, MI .....	07/30/2012	0.250	157	2	248,910	248,943	248,955	X X X
PeoplesBk Biloxi Miss .30% .....	COMERICA, DETROIT, MI .....	08/15/2012	0.300	188	33	248,930	248,953	248,943	X X X
F&M BK Clarksville Tenn .30% .....	COMERICA, DETROIT, MI .....	08/17/2012	0.300		651	248,928	248,950	248,940	X X X
NewRep Svg BK Roanoke Rapids N .30% .....	COMERICA, DETROIT, MI .....	08/30/2012	0.300	127	2	248,918	248,943	248,920	X X X
Wex Bk Midvale Utah .35% .....	COMERICA, DETROIT, MI .....	11/21/2012	0.350		509	248,960	248,970	248,940	X X X
Bank India New York NY .50% .....	COMERICA, DETROIT, MI .....	09/12/2012	0.500		996	249,082	249,065	249,000	X X X
Goldman Sachs Bk USA NY .35% .....	COMERICA, DETROIT, MI .....	09/12/2012	0.350		697	248,948	248,965	248,928	X X X
First Premier Bk Sioux Falls S D .30% .....	COMERICA, DETROIT, MI .....	09/20/2012	0.300		581	249,082	249,072	249,000	X X X
Apple BK for SavingsNY .30% .....	COMERICA, DETROIT, MI .....	09/26/2012	0.300		569	249,032	249,037	248,970	X X X
Iberiabank Lafayette LA .30% .....	COMERICA, DETROIT, MI .....	09/28/2012	0.300		565	249,010	249,022	248,958	X X X
BBCN BK Los Angeles CA .30% .....	COMERICA, DETROIT, MI .....	11/06/2012	0.300	186	2	248,816	248,880	248,836	X X X
Bank Hapoalim B M NY BRH .50% .....	COMERICA, DETROIT, MI .....	11/09/2012	0.500		798	249,062	249,075	248,993	X X X
Medallion Bk Salt Lake City .30% .....	COMERICA, DETROIT, MI .....	11/09/2012	0.300		479	248,806	248,863	248,818	X X X
Merrick Bk Corp South Jordan.35% .....	COMERICA, DETROIT, MI .....	11/15/2012	0.350	220	38	248,868	248,905	248,853	X X X
Bank Madison GA .25% .....	COMERICA, DETROIT, MI .....	11/20/2012	0.250	157	19	248,729	248,783	248,749	X X X
US Ameri Bank Largo FLA CD .30% .....	COMERICA, DETROIT, MI .....	01/25/2013	0.300		321	248,646	248,736	248,651	X X X
Synovus BK Columbus GA, CD .35% .....	COMERICA, DETROIT, MI .....	01/30/2013	0.350		363	248,719	248,803	248,709	X X X
Bank of China NY NY.20% .....	COMERICA, DETROIT, MI .....	02/20/2013	0.200		179	249,578	249,678	249,595	X X X
Beal BK Las Vegas Nev .20% .....	COMERICA, DETROIT, MI .....	02/13/2013	0.200		40	52,916	52,936	52,918	X X X
FirstBank P R Santurce .30% .....	COMERICA, DETROIT, MI .....	02/08/2013	0.300	188	47	249,623	249,718	249,633	X X X
Mizrahi Tefahot Bk Ltd Los Angel .20% .....	COMERICA, DETROIT, MI .....	02/19/2013	0.200		181	249,600	249,698	249,613	X X X
Safra National Bk New York NY .30% .....	COMERICA, DETROIT, MI .....	02/14/2013	0.300		282	249,619	249,715	249,630	X X X
BMW BK North Amer Salt Lake City .25% .....	COMERICA, DETROIT, MI .....	05/10/2013	0.250		89		249,383	249,295	X X X
Enerbank USA Salt Lake City .25% .....	COMERICA, DETROIT, MI .....	05/23/2013	0.250		67		249,348	249,243	X X X
CentrixBk & Tr Bedford New Hamp .35% .....	COMERICA, DETROIT, MI .....	06/27/2013	0.350		10			249,148	X X X
Discover Bank Greenwood DEL .30% .....	COMERICA, DETROIT, MI .....	06/19/2013	0.300		25			248,308	X X X
Fifth Third Bk Columbus Ohio .25% .....	COMERICA, DETROIT, MI .....	06/20/2013	0.250	(2)	18			248,781	X X X
Mizuho Corporate BK USA Instl .35% .....	COMERICA, DETROIT, MI .....	06/26/2013	0.350		12			249,950	X X X
State Bk India New York N Y .45% .....	COMERICA, DETROIT, MI .....	06/24/2013	0.450		22			249,405	X X X
Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .....									
Totals - Open Depositories .....									
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..		X X X	X X X						X X X
0199999 Totals - Open Depositories .....		X X X	X X X	9,158	8,970	22,100,093	20,728,768	25,264,443	X X X

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
Depository			Code	Rate of Interest			First Month	Second Month	Third Month	*
<b>suspended depositories</b>										
Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....										
Totals - Suspended Depositories .....										
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....			X X X	X X X						X X X
0299999 Totals - Suspended Depositories .....			X X X	X X X						X X X
0399999 Total Cash On Deposit .....			X X X	X X X	9,158	8,970	22,100,093	20,728,768	25,264,443	X X X
0499999 Cash in Company's Office .....			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash .....			X X X	X X X	9,158	8,970	22,100,093	20,728,768	25,264,443	X X X

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>							
8699999 Total - Cash Equivalents .....					.....	.....	.....

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